

Editorial

THE IMPORTANCE OF EARLY DIAGNOSIS IN CANCER

WE have received a communication from Dr. J. S. McEachern, of Calgary, the able and energetic chairman of the Cancer Study Committee of our Association, the message of which he wishes us to pass on to our readers. Doctor McEachern writes incisively and well, and we would very willingly reproduce his thought in his own words, but with his innate modesty he has requested us not to do so. What he has to say will appeal to every one as eminently reasonable, indeed obvious—so obvious, that there is a danger of it being pigeonholed in the recesses of the mind and promptly forgotten. Yet, it is of such vital importance that instead of remaining a matter of mere academic interest it should be translated into practical reality. His thesis is "The Importance of the Early Diagnosis of Cancer."

Doctor McEachern remarks upon the great technical advances that have been made in the operative handling of cancer and in its treatment by various forms of irradiation; "we point triumphantly to our three, five, or ten year cures; and then we express our sorrow that the majority of cancer cases come too late to hope for successful treatment. In the face of all this we have done little as an organized profession to improve the situation." As he cogently remarks, "We are like a city fire department which spends money for the most elaborate and up-to-date fire-fighting equipment and neglects to install any system of fire alarms." The "cancer-conscious" family doctor may properly be compared to the fire-detector and the fire-alarm. On him (and on a more enlightened public) must we rely for the betterment of existing conditions. Operative skill, though great nowadays, is not omnipotent.

Cancer, always common, has of late years increased so as to become, with cardiovascular diseases and tuberculosis, one of the major menaces to human life. One, perhaps the only, fortunate result of this is that the various countries of the world have of late taken up the fight against cancer more

seriously. For years, now, cancer has been studied as a laboratory problem, but, while much has been learned, we are still some distance short of having discovered its cause. Indeed, even if we know the cause it is by no means certain that we shall find a specific cure. This being the case, we must still, perforce, rely upon already existing clinical knowledge—diagnosis, operation, irradiation—the indispensable triad. Of these three the greatest is, "diagnosis;" but this is only fully effective when it is *early*. We all agree that, taken in time, and when in an accessible position, cancer is curable. Therefore, for us "the basic aim must be the recognition of cancer at a stage so early that it can be destroyed or excised before it has time to spread to distant structures. This involves the development of a 'cancer-consciousness,' a constant alertness which causes us to suspect cancer when certain signs and symptoms exhibit themselves in a patient. The next step is to apply to that patient every diagnostic measure which science has provided, until the presence of cancer is proved and its site located, or until we have proved that the signs and symptoms in question arise from some other cause." We may take it for granted that every doctor is fully alive to the importance of the early signs of cancer. In spite of this, however, "every consulting physician and surgeon can point to many cases where the family physician failed to grasp the possible meaning of the signs and symptoms complained of by the patient until the disease had progressed to an inoperable stage." This statement may seem to imply a reflection on the ability of the average family doctor. Nothing of the sort is intended. The Canadian family doctors rank as high in attainment and ability as those of any other country, but even the busiest of them, it sometimes happens, may not see more than two or three cases of cancer in a year. Their recollection and appreciation of the early symptoms of cancer may consequently have become dim. It is possible to remedy

this. It should be repeated that it is the *early* diagnosis that counts. When all the hall-marks of cancer are present, the lump or ulcer, the anæmia, the loss of weight, and the cachexia, any one can diagnose it, but it is then too late. Here, as in other fields, "delays have dangerous ends." To adopt the motto "Wait and see" is to court disaster. Even the *suspicion* of cancer demands that all the resources of examination, clinical and laboratory, shall be called into requisition. But if diagnosis should be *early* it should also be *accurate*. To recommend an operation which is deforming or disabling merely on suspicion, or on a per-adventure, is hardly playing fair with the patient, though no doubt cases are met with in which this is justifiable. To alertness should be added discretion.

But it is not fair to place the blame entirely or even often on the family doctor. To have cancer is still in the minds of many people a disgrace; many fear it but are afraid to have their fears made certainties; some are too ignorant or indifferent to worry about it. Consequently, many people fail to consult a doctor until their condition is hopeless. This suggests the need for a campaign to educate the lay public. "It must be borne in mind that there are no pathognomonic signs or symptoms of cancer in any organ. All we can tell them is that certain signs should arouse suspicion of the presence of cancer. This suspicion can be confirmed or dispelled only by a careful examination by their family doctor; but of what avail will be the patient's visit to the family doctor who is not himself 'cancer-conscious'?"

Let us briefly survey what is being done at the present time in the various Provinces to control the cancer menace and to disseminate knowledge about it.

In Nova Scotia, Quebec, Ontario, Manitoba and Saskatchewan much money has been expended by the provincial governments or with the financial endorsement of the governments for the purchase of radium; this to ensure an adequate supply of radium

for treatment. In two provinces, Ontario and Saskatchewan, provision has been made for the establishment of clinics for consultation on patients suspected of having cancer. These are financed wholly or in part by the governments concerned. Clinics also have been established in Quebec, in Montreal.

In two provinces, British Columbia and Alberta, the provision of facilities for diagnosis and treatment is left in the hands of individual doctors or groups of doctors. The medical profession there has organized Provincial Cancer Committees. These committees have limited their activities to the securing of full records of all cancer cases admitted to the larger hospitals and to a campaign of education of the doctors of the provinces. Their hope is to arouse in all doctors a "cancer-consciousness," to the end that earlier diagnoses may be made. They aim to have some member of the Cancer Committee address every Hospital Staff Meeting and every District Society Meeting on the early suggestive phenomena of cancer in the various organs of the body. In this way the doctors will be frequently reminded of the significance of signs which they are supposed to know but are prone to forget. When the doctors in general become fully alive to the necessity of early diagnosis and are competent to undertake it it will be time to undertake the education of the lay public by lectures, radio talks, and newspaper publicity of a judicious kind. The clinics which have been and are to be established in the cities and towns of our country will, doubtless, prove of the greatest value, not only in providing treatment but in affording the doctors an opportunity of studying cancer in all its forms and in all its stages. Improvement in the situation will not come all at once; education is a slow process. But we look to the future with hope and assurance. The cancer problem is one of national import, and should be grappled with on the widest possible lines. In the mean time our slogan should be EARLIER DIAGNOSIS.

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